

## Women/Maternal Health

### State Action Plan Table (South Dakota) - Women/Maternal Health - Entry 1

#### Priority Need

Promote preconception/inter-conception health

#### NPM

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

#### Objectives

By June 30, 2020, increase the percent of 18-24 year old women who had a preventive medical visit in the past year from 59.3% (2016) to 66.2% (BRFSS)

#### Strategies

- 1.1 Partner with other agencies (state and other) to promote yearly preventive visits.
- 1.2 Educate women on the importance of yearly preventive visits.
- 1.3 Implement training for Office of Child and Family Services staff related to preconception/inter-conception health.

#### ESMs

#### Status

ESM 1.1 - % of WIC clients with a positive response to Whooley questions that received a PHQ 9 screening	Inactive
ESM 1.2 - % of WIC clients whose PHQ 9 score met criteria for a referral and were referred	Inactive
ESM 1.3 - # of messages posted promoting well women care	Active
ESM 1.4 - % of women with positive depression screen who are referred to their PCP within OCFS field offices	Active

#### NOMs

- NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations
- NOM 3 - Maternal mortality rate per 100,000 live births
- NOM 4 - Percent of low birth weight deliveries (<2,500 grams)
- NOM 5 - Percent of preterm births (<37 weeks)
- NOM 6 - Percent of early term births (37, 38 weeks)
- NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths
- NOM 9.1 - Infant mortality rate per 1,000 live births
- NOM 9.2 - Neonatal mortality rate per 1,000 live births
- NOM 9.3 - Post neonatal mortality rate per 1,000 live births
- NOM 9.4 - Preterm-related mortality rate per 100,000 live births
- NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy
- NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations
- NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females
- NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

## Perinatal/Infant Health

### State Action Plan Table (South Dakota) - Perinatal/Infant Health - Entry 1

#### Priority Need

Reduce infant mortality

#### NPM

NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

#### Objectives

By June 30, 2020, increase the percent of infants from other races (not White or American Indian) placed to sleep on their backs from 86.2% (2016) to 89.9% (PRAMS).

#### Strategies

- 5.1 Engage and support collaboration among state agencies to promote education on the importance of safe sleep practices.
- 5.2 Implement strategies to increase awareness of the importance of safe sleep practices targeted to American Indians, dads and grandparents.
- 5.3 Collaborate with community partners to provide infant death review.
- 5.4 Develop Safe Sleep Process orientation for clerical in Office of Child and Family Services.
- 5.5 Distribute Pack n Plays to families who can't afford a safe sleep environment.

#### ESMs

#### Status

ESM 5.1 - % of Child Death Review (CDR) team members who scored above 80% on a post-test	Inactive
ESM 5.2 - % of daycares who respond to survey and indicate that they follow safe sleep guidelines	Inactive
ESM 5.3 - % of birthing hospitals that receive information on certification process that become safe sleep certified	Active

#### NOMs

- NOM 9.1 - Infant mortality rate per 1,000 live births
- NOM 9.3 - Post neonatal mortality rate per 1,000 live births
- NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

## Child Health

### State Action Plan Table (South Dakota) - Child Health - Entry 1

#### Priority Need

Improve early identification and referral of developmental delays

#### NPM

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

#### Objectives

By June 20, 2020, increase the percent of children from non-metropolitan areas 9 through 35 months who received a developmental screening using a parent-completed screening tool in the past year from 25.6% (2016) to 26.6% (NSCH).

#### Strategies

6.1 Partner with other entities (Medicaid/EPSDT, Child care, B to 3, Head Start, Center for Disabilities, etc.) to pursue the development and dissemination of a standard and consistent message to communicate the importance of developmental screening.

6.2 Partner with "Learn the Signs, Act Early" Champion to promote developmental screening within the State of South Dakota.

6.3 Provide ASQ and ASQ SE screenings at Community Health Offices as per DOH policy.

#### ESMs

#### Status

ESM 6.1 - % of Community Health Offices that distribute tracking cards

Inactive

ESM 6.2 - Percentage of children enrolled in Bright Start Home Visiting that receive a developmental screen by 18 months of age.

Active

#### NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

## State Action Plan Table (South Dakota) - Child Health - Entry 2

### Priority Need

Promote positive child and youth development to reduce morbidity and mortality (intentional/unintentional injuries, dietary habits, tobacco use, alcohol use, other drug utilization)

### Objectives

By June 30, 2020, decrease the percentage of students 5-6 years of age with a BMI at or above the 85th percentile from 27.2% (2017) to 22.1% (School height/weight data).

By June 30, 2020, decrease the percentage of American Indian children ages 2 to 5 years with a BMI at or above the 85th percentile (overweight or obese) from 39.5% (2016) to 37.9% (PedNSS).

### Strategies

S2.1 Engage and support collaboration among State agencies and community partners around nutrition and physical activity.

S2.2 Include nutrition and physical activity educational messages into health promotion efforts including social media and other communications.

S2.3 Facilitate the provision of technical assistance to child care centers on the importance of increasing physical activity opportunities within their center.

S2.4 Provide Office of Child and Family Services staff with tips/strategies to approach the sensitive subject of weight with parents of overweight and obese children.

## Adolescent Health

### State Action Plan Table (South Dakota) - Adolescent Health - Entry 1

#### Priority Need

Promote oral health for all populations

#### NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

#### Objectives

By June 30, 2020, increase the immunization rate (%) for the >1 dose of meningococcal vaccine for adolescents 13-17 years of age from 65.7% (2016) to 71.4% (NIS).

By June 30, 2020, increase the percent of adolescents (14-18 years of age) who smoke that enroll in the SD QuitLine from 0.79% (2016) to 0.82% (QuitLine & YRBS).

#### Strategies

10.1 Partner with state and non-state agencies to promote yearly well adolescent preventive medical visits.

10.2 Identify and implement ways to promote yearly adolescent visit.

10.3 Encourage individual and family engagement.

10.4 Target messaging regarding tobacco cessation coaching for adolescents.

10.5 Promote 6th grade vaccination requirements.

#### NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

## Children with Special Health Care Needs

### State Action Plan Table (South Dakota) - Children with Special Health Care Needs - Entry 1

#### Priority Need

Improve and assure appropriate access to health services that are focused on families, women, infants, children, adolescents, and CYSHCN

#### NPM

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

#### Objectives

By June 30, 2020, increase the percentage of children and youth with special health care needs who report receiving care in a well-functioning system from 9.3% (2016) to 9.7% (NSCH).

By June 30, 2020, all infants whose newborn screening test results are outside of the normal limits for a newborn screening disorder will receive prompt and appropriate follow-up testing.

#### Strategies

11.1.1 Collect data specific to the needs of families of children and youth with special health care needs and the providers that serve them.

11.1.2 Enhance family access to needed supports and services.

11.1.3 Strengthen statewide capacity for parent/family training and support.

11.2.1 Coordinate the newborn screening infrastructure.

11.2.2 Implement a quality improvement effort in the newborn screening program.

#### ESMs

#### Status

ESM 11.1 - % of families enrolled in care coordination services who report an improvement in obtaining needed referrals to care and/or services Active

#### NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

## Cross-Cutting/Systems Building

### State Action Plan Table (South Dakota) - Cross-Cutting/Systems Building - Entry 1

#### Priority Need

Improve state and local surveillance, data collection, and evaluation capacity

#### Objectives

By June 30, 2020, 100% of data for MCH objectives and strategies are identified, collected, and analyzed for use in MCH needs assessment and program planning.

#### Strategies

S4.1 Review all data sets available and identify any gaps.

S4.2 Identify data collection methods to address gaps.

S4.3 Implement new data collection efforts as needed.

S4.4 Develop and disseminate fact sheets on findings.

S4.5 Analyze the data to identify future program efforts.